

FOR BOARD USE ONLY	
Amount Submitted	_____
Date	_____
Receipt #	_____



FOR BOARD USE ONLY	
Certificate Number	_____
Date Issued	_____
Applicant No.	_____

GEORGIA STATE BOARD OF PROFESSIONAL ENGINEERS & LAND SURVEYORS

Post Office Box 13446 • Macon, Georgia 31208 • (478) 207-2440

www.sos.state.ga.us/plb/pels/

APPLICATION FOR CERTIFICATE AS A PROFESSIONAL ENGINEER

Application Fee \$70 (non-refundable)

License Type: PROFESSIONAL ENGINEER

Additional License Types (currently or previously issued by the Georgia Professional Licensing Boards): _____

Method Obtained by: Applicant is applying for above referenced license by: **Comity**
Original PE license from the **State of** _____

Name as desired on License (*First, Middle, Last, Suffix*): _____

Name as shown on exam records or transcripts (*First, Middle, Last, Suffix*):
(if different) _____

Social Security Number: ____ - ____ - ____ **Date of Birth:** ____/____/____

Physical Address: # Street _____ Apt/Ste: _____ City: _____ State ____ Zip _____
P.O. Box not acceptable for Physical Address

Mailing Address: # Street _____ Apt/Ste: _____ City: _____ State ____ Zip _____
(if different)

Telephone Day: (____) ____ - ____ **Telephone Evening:** (____) ____ - ____

E-Mail Address: _____

Affiliation:

Name of firm: _____

Physical Address: # Street _____ Apt/Ste: _____ City: _____ State ____ Zip _____
P.O. Box not acceptable

Mailing Address: # Street _____ Apt/Ste: _____ City: _____ State ____ Zip _____
(if different)

NOTE TO APPLICANT: This information will be entered into the Division database for Accounting and Licensing purposes. All items must be completed, and then duplicated on the next page of the application for Board review.

APPLICATION FOR REGISTRATION AS A PROFESSIONAL ENGINEER BY COMITY

Note: NCEES Record Holders are required to completely fill out sections 1 through 5 & 7. NCEES Record Holders are not required to submit endorsements, verification of licensure/exams or transcripts as those items are part of the NCEES Record.

Section 1: General Information

Date: _____

Name (First, Middle, Last, Suffix): _____

Home Address: # Street _____ Apt/Ste: _____ City: _____ State _____ Zip _____

Preferred address: # Street _____ Apt/Ste: _____ City: _____ State _____ Zip _____

Social Security Number*: _____ - _____ - _____ Birthplace: _____ Date of Birth: ____/____/____

Business Phone: (____) _____ - _____ Home Phone (____) _____ - _____

Have you ever been convicted or pled nolo contendere, pled guilty, or been given first offender status for any offense status for any offense which is a felony, misdemeanor, a crime violating a federal law involving controlled substance or dangerous drug, or a DUI or DWI? <i>If yes, provide documentation.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a license that was revoked, suspended, restricted, probated, or surrendered to any licensing board or agency? <i>If yes, provide documentation.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been found liable in civil court of any misconduct, fraud, or negligence in the practice of engineering or land surveying? <i>If yes, provide documentation.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any professional license granted to you been revoked, suspended or otherwise sanctioned publicly or privately, or have you ever been denied license, by any board or agency in Georgia or any other state? <i>If yes, provide documentation.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold a current NCEES Record that you plan to submit? <i>If yes, contact NCEES for record to be sent electronically to the GA Board and complete all of sections 1 through 5 of this application.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently registered as a Professional Engineer in the state where you live? <i>If no, why not?</i> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your name changed since birth? <i>If yes, why?</i> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied to this Board for registration before? <i>If yes list when and what type of application</i> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
US Citizen? <i>If no, submit registration card.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Which one branch of engineering do you propose to practice in the state of Georgia? _____

Designate the special branches of engineering in which you have been examined: _____

Present Employer _____ Position: _____

Note: It is the Board's policy for Comity applicants who practice or propose to practice Structural Engineering and have taken the PE exam in a discipline other than Structural, to have a minimum of 60 months of Structural engineering experience after successful examination acceptable to the Board at the time of application.

*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.

Section 2: Registration**PE COMITY**

EIT-State _____ Certificate No _____ Date of Certification as EIT: ____/____/____

Number of hours written exam ("0" if no written examination taken): _____

PE-State _____ Certificate No _____ Date of first registration as a PE ____/____/____

If registered by written exam, indicate number of hours for the exam ("0" if no exam taken): _____

Indicate exam options taken: _____

List all states in which you are currently registered as a PE: _____, _____, _____, _____, _____

List other states and types of registration for which you have applied or are currently applying but do not have final notification of registration: _____, _____, _____, _____

NOTE: If you hold an NCEES Council Record and plan to submit it in lieu of endorsements, verification of licensure/exam and transcripts, then you should completely fill out Sections 1 through 5 and 7 of this application and contact NCEES to have them electronically transmit your NCEES record to the Georgia Board for consideration.

For further information regarding an NCEES Council Record, please contact NCEES at www.ncees.org or 1-800-250-1396.

NOTE: If you do not hold an NCEES Council Record, you will need to bundle and send with your application:

- Official transcripts for each college attended, whether you graduated or not
- Evaluation of foreign degree (if you earned your bachelor's degree outside the US) from an approved provider. If you choose not to have an evaluation, you will need to send a letter indicating so.
- Verification of original exam/licensure of both the EIT and PE, and if different, verification of licensure from the state where you live now. If you are not licensed in your residence state, indicate in Section 1.
- Endorsements for all experience you list in Section 3. You must have at least five endorsements/references from five (5) individuals, three (3) of which must be currently active PE's, that are not related to you by blood or marriage, are not Board members and who have personal knowledge of your engineering experience, reputation and accomplishments.

All of the above supporting documentation must be sent to the Board in sealed envelopes, with the back flap signed to ensure no tampering. Some states/agencies/individuals prefer to send their documentation directly to the Board, which is permissible. This information will be maintained at the Board office and added to the application file upon receipt.

NOTE: Be sure to sign your application and have your signature notarized (Section 5.)

Board Use Only Section:

School	Degree/Date	Abet Yes	No
Masters	Degree/Date	Abet Yes	No
Technology	Degree/Date	Abet Yes	No
Other	Degree/Date	Abet Yes	No
EIT/Date Obtained	PE/Date Obtained	Discipline	

Section 3: Engineering Experience

PE COMITY

Engmt #	Company Name	Your Title	Part Time?	From mm/yy	To mm/yy	Total Months	%	Qex	%	Qex	%	Qex	%	Qex	%	Qex
TOTAL NUMBER OF ENDORSEMENTS FORMS: _____				Education Total												
NCEES Record Requested in lieu of endorsements <input type="checkbox"/> Yes <input type="checkbox"/> No																
Field:				Experience Total												
References: Positive () Negative ()				Total Months												
Special:				Board Member's Initials												

Shaded areas are for Board use only

Note: List all engagements of engineering experience beginning with the earliest and ending with your current position. Endorsement form (Section 6) should correspond with this section. All engagements listed must be described on an endorsement form and someone familiar with your work (preferably your supervisor) should endorse it.

Section 4: Education
PE COMITY

INSTITUTION AND LOCATION	FROM Mo/Yr	TO Mo/Yr	Date of Graduation		
High Schools: (<i>Transcripts not needed</i>)					
1.					
2.					
Colleges and Universities: (<i>Transcripts needed from all schools ever attended listed unless applicant is submitting NCEES record</i>)	FROM Mo/Yr	TO Mo/Yr	TOTAL MONTHS	MAJOR FIELD	DEGREE EARNED
1.					
2.					
3.					
4.					
5.					
*** FOR BOARD USE ONLY *** ** EDUCATION TOTAL:					

Section 5: Affidavit by Applicant

State of: _____
 County of: _____

 (Applicant), being first duly sworn, deposes and says:
 I, the applicant named in this application, have read the contents
 hereof, and to the best of my knowledge and belief the statements contained in this
 application are true in substance and effect and are made in good faith. I further state
 that I have read and pledge to adhere to the Board's rules of professional conduct upon
 obtaining my registration in Georgia.

Applicant's Signature _____

Subscribed and sworn to before me this _____ day of
 _____, 20____

 Signature of Notary Public

(SEAL)

My commission expires: _____/_____/_____

ATTACH PHOTO HERE

(Please Use Photo Taken In the Last 90 Days)

MUST be Head/Shoulders and MUST NOT be
 Photocopied or a Copy from a Publication

Digital pictures accepted

NON-ENGINEERING AND RELATED GAPS
PLEASE LIST (references not needed)

PE COMITY

Applicant Name: _____

If no gap information is needed to be entered, check here: ☐

From _____	To _____
Description _____	
From _____	To _____
Description _____	
From _____	To _____
Description _____	
From _____	To _____
Description _____	
From _____	To _____
Description _____	

Section 6: Endorsement Form
SECTION 6-A (TO BE COMPLETED BY APPLICANT)

Name: _____

Engagement # as listed in Section 3: _____ Social Security Number _____-____-_____

This endorsement is for: Reference & Experience Verification ☐ Reference Only ☐ Experience Verification Only ☐

GA Law Section 43-15-15(d) states: "An application shall contain the names of not less than five persons, not related to the applicant by blood or marriage, of whom at least three shall be registered, active professional engineers...having personal knowledge of the experience on which the applicant predicates his qualifications."

Experience described on this form was obtained while employed by (company name): _____

Street Address: _____ City: _____ State: _____ Zip: _____

For this engagement, please provide name of direct supervisor: _____

Was your direct supervisor a registered PE? Yes ☐ No ☐ Other: _____

Endorser for this engagement: _____

State your title(s) & Name of Company. Describe experience (one line is not sufficient) detailing in first person the work you personally performed in design, study, review, testing or other tasks which required your engineering skills. This work should be progressive in difficulty and magnitude; demonstrate sufficient breadth and scope, not a narrow technical skill focus; and reflect the acquired ability to design and apply engineering principles to demonstrate that your judgment may be trusted on projects involving public health and safety. Do not attach resume or project lists. Experience must be verified by PE associates even if you are self-employed.

Dates		Engagement #:	Title: _____ Name of Company: _____ Experience Description:
From Mo/Yr ____/____	To Mo/Yr ____/____		
Type of Experience		%	
Engineering Design			
Engineering Studies, Reports, Evaluations			
Engineering Research, Data Preparation & Interpretation			
Other Engineering Related Activities			
Non-Engineering (including surveying)			

Section 6B – To Be Completed by Endorser

Applicant's description in Section 6A above is:

☐ Accurate ☐ Inaccurate *Explain if inaccurate:* _____Were you the applicant's direct supervisor for this engagement? ☐ Yes ☐ NoIf direct supervisor, were you a registered engineer? ☐ Yes ☐ No State Registered/#: _____

Discipline: _____ Date of Issue: _____

Signature: _____

Section 6-C (to be completed by the endorser/reference)

The Georgia Board prefers that you mail this form back to the applicant in the applicant's enclosed pre-addressed stamped envelope. Seal the envelope and sign the back flap to ensure against tampering. If you prefer to mail the form directly to the Board office at 237 Coliseum Drive, Macon, GA 31217-3858, please make a blank copy of this form and mail it back to the applicant following the directions above, then mail the completed form to the Board.

- Name of Applicant: _____
- 1a. How well do you know the applicant: ☐ very well ☐ well ☐ slightly ☐ not at all
- 1b. List dates (months and years) of contact with the applicant: _____ to _____
- 1c. Basis of contact: ☐ As the applicant's PE supervisor ☐ As an associate or co-worker in Engineering work
☐ Other (explain): _____ ☐ Are you related by blood or marriage? ☐ Yes ☐ No
2. Do you have personal knowledge of the applicant's engineering work? ☐ Yes ☐ No If yes, complete entire form.
If no, complete only items 3 & 10.
3. What is your opinion of the applicant's personal integrity and reputation? _____
4. Would you employ applicant in a position of trust: ☐ Yes ☐ No If no, explain: _____

5. Using the interpretation below, please rate the practice and quality of performance of the applicant's engineering work.

Type of Practice	Responsible Charge		Above Average	Average	Below Average	Unsatisfactory	Unknown
	Yes	No					
Engineering Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering Data Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interpretations:

- Above Average: Performance unquestionably of a professional level demonstrated through competence and creative ability.
- Average: Work not distinguished in content or level, but adequate for engineering purposes indicating an ability, under some supervision, to produce workable design of systems and products.
- Below Average: Performance needs careful checking and rather close supervision to meet requirements.
- Unsatisfactory: Inadequate for "the purpose of safeguarding life, health and property."
- Unknown: Did not review work or work with applicant in this area. Cannot determine proficiency.

6. Licensure in Georgia is not by classification of any discipline of Engineering practice. However, the Board is interested in the applicant's background and experience and appreciates your appraisal in selecting the discipline in which the applicant is most proficient.

- ☐ Civil Breadth with Depth in: ☐ Environmental ☐ Geotechnical ☐ Structural ☐ Transportation ☐ Water Resources
- ☐ Structural I ☐ Electrical ☐ Environmental ☐ Mechanical ☐ Other _____

7. Considering the need to protect the public health, safety and welfare, in your opinion how does this applicant rank in professional competence and responsibility: ☐ Qualified ☐ Additional Experience Needed ☐ Unqualified

8. Remarks: The Board will appreciate additional information or amplifying information regarding the applicant's engineering experience, capabilities, or limitation, if any. Use reverse side for continuation of comments, if necessary.

9. Based on the definition of the practice of engineering, GA Law 43-15-2(11), do you recommend the applicant for PE licensure? ☐ Yes ☐ No

10. I certify that the above statements are true and correct to the best of my personal knowledge, not made for the purpose of aiding an unqualified applicant to become licensed but with full realization of the responsibility toward the public where the safeguarding of life, health and property is concerned or involved.

Print Name: _____

First MI Last

State of PE License/Number: _____ Date Issued: _____ Discipline: _____

Present Position: _____ Firm: _____

Address: _____

Daytime Phone: (____) _____

Signature: _____ Date: _____

SEAL

If licensed, please verify with professional engineer seal with signature.

Section 7 : Record of Board

Applicant Name: _____

Note to applicant: This page is for **BOARD USE ONLY**. However, this section **MUST** be enclosed with application.

Certificate Number Issued: _____ Date: _____ / _____ / _____ License Issued by Comity
Staff comments:
Action of Board:

Georgia State Board of Registration for
Professional Engineers & Land Surveyors

**VERIFICATION OF OUT-OF-STATE LICENSURE
EXAMINATION AND REGISTRATION**

☐ **Instructions to the Applicant:**

1. The Applicant should:
 - a. Complete his or her name and address on the top portion, upper right corner on the reverse side of this form.
 - b. Fill in the name of the state board completing this form.
 - c. Forward this form to the out-of-state board where the applicant is certified or registered.
2. **Comity Applicants** should:
 - a. Submit a form to the state of their Engineer-In-Training (EIT) **and** to the state of their initial Professional Engineer (PE) registration.
 - b. If registration is not currently valid in the state of the initial registration, submit a form to the state where a current valid registration is held.
 - c. If the applicant currently lives in a state other than initial licensure, submit a form to that state. If the applicant is not licensed in the state of residence, please indicate in Section 1 of the application.
3. This form may be copied if necessary.

☐ **Notes to applicant:**

1. It is the policy of some states/agencies is to only send the verification/documentation directly to the Georgia Board rather than to the applicant. This is permissible.
2. It is the policy of some states/agencies to charge a fee for verification and if so, the state will not process the request until the fee is received. Before you mail this verification request to the state Board, check their website or call them to verify their fee policy.

☐ **Instructions to the Out-of-State Board:**

The Out-of-State Board should complete Sections 1 - 4 on the reverse side of this form, enter the appropriate state name, and return to the applicant in a sealed envelope with an official signature on the flap of the envelope to assure no tampering. The Georgia Board will not accept this form to be transmitted via e-mail or fax.

REQUEST FOR VERIFICATION OF REGISTRATION OR EXAMINATION FOR PE COMITY APPLICANT

TO (State Requested): _____ Date: _____
 Name: _____
 FROM: **GA Board of PELS** Address: _____
P O Box 13446 _____
Macon, GA 31208 City: _____ State: _____ Zip: _____
 SSN: _____ - _____ - _____ DOB: _____ / _____ / _____

1. THE ABOVE NAMED PERSON WAS CERTIFIED OR REGISTERED AS:

	Certificate #	Date Issued	Valid Until
<input type="checkbox"/> Engineer-In-Training/Engineer Intern.....	_____	_____	_____
<input type="checkbox"/> Professional Engineer.....	_____	_____	_____
<input type="checkbox"/> Land Surveyor-In-Training/Land Surveyor Intern.....	_____	_____	_____
<input type="checkbox"/> Land Surveyor.....	_____	_____	_____

2. BASIS OF REGISTRATION:

		Hours	(Pass/Fail) Results	(Yes/No) NCEES	Exam Date
<input type="checkbox"/> Written Examination:	FE	_____	_____	_____	_____
	PE	_____	_____	_____	_____
	FLS	_____	_____	_____	_____
	LS	_____	_____	_____	_____
<input type="checkbox"/> Other	Other	_____	_____	_____	_____

☐ Examination Option: _____ (Discipline)

☐ Oral Examination: Hours – PE _____ Hours – LS _____

☐ EIT/LSIT Accepted from: _____

☐ PE/LS Accepted from: _____

☐ Other: _____

3. QUESTIONS:

1. Has any disciplinary action ever been taken against the applicant? Yes ☐ No ☐
 2. If so, has this disciplinary case been satisfied to the Board's requirements? Yes ☐ No ☐
 (If not, give details): _____

4. REMARKS:

(BOARD SEAL)

By: _____ Title: _____ Date: _____

Verifying State: _____

(If a fee is required, **please notify the applicant** but **do not delay** the processing of this form)

Acknowledgement Letter

This is to acknowledge that your application was received on _____ by the Office of the Board of Registration for Professional Engineers and Land Surveyors. You will be notified at a later date if additional materials are needed to complete your application file.

Instructions: Include this letter along with a stamped self-addressed envelope inside your completed application package when you mail it to the Board. If all is in order with your application and the supporting documents are all accounted for, this letter will be marked with a receipt date and will be mailed back to you.